



ALABAMA STATE BOARD OF RESPIRATORY THERAPY

P.O. Box 241386, Montgomery, AL 36124-1386

Phone: 334-215-7233 Fax: 334-396-2384

Web Site: www.asbri.alabama.gov

Employer VERIFICATION OF ENROLLMENT IN RESPIRATORY THERAPY EDUCATION PROGRAM

Name of Employing Institution

Street

City

State

Zip Code

I, _____ am applying for an exemption to work as a student respiratory therapist in the state of
(Print Full Name)

Alabama. As part of the application process, the Alabama State Board of Respiratory Therapy requires verification of my active employment a **Respiratory Therapy Student**. I hereby authorize _____ (name of employing institution), its staff, or representative to provide the Alabama State Board of Respiratory Therapy any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person from any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the **Alabama State Board of Respiratory Therapy, PO Box 241386, Montgomery, AL 36124-1386**. I understand completed forms returned to me will not be accepted for verification purposes.

PRINT NAME UNDER WHICH YOU ARE EMPLOYED:

Last: _____ First: _____ Middle: _____ Date of Birth ____/____/____

Social Security Number: _____ - _____ - _____ Expected Date of Graduation ____/____/____

(Signature of Applicant)

The following section must be completed by the Respiratory Therapy Director of the employing facility and returned directly to the Alabama State Board of Respiratory Therapy. **Verifications returned to the applicant will not be accepted.** Any substitutions must contain all required information or it will not be accepted for verification purposes.

This certifies _____
(Full name of applicant)

Is currently being employed at _____
(Name of employing facility)

on ____/____/____ and is an actively enrolled respiratory therapy student at _____.
(name of education institution)

I understand the above named person must be actively enrolled in an accredited Respiratory Therapy Program in order to be employed as a Respiratory Therapy Student. He/she must be designed by title as a "student" or "trainee" and shall perform limited respiratory therapy procedures under direct clinical supervision. Student status shall be limited to four years and shall terminate immediately upon exiting from the respiratory therapy program. I will immediately notify the Alabama State Board of Respiratory Therapy and the student's employer should there be a change in enrollment status of this student.

By: _____
Signature of the Human Resources or Respiratory Therapy Director

Date